

November 12, 2014

Via Hand Delivery

Clerk of Court

The United States District Court

For The Eastern District of Michigan

Southern Division

U.S. Courthouse

231 W. Lafayette Blvd.

Detroit, Michigan 48226

U.S. DIST. COURT
EAST DIST. MICHIGAN
DETROIT
2014 NOV 12 P 4: 03
FILED

The Shane Group, Inc. et al

Plaintiffs,

v. Blue Cross Blue Shield of Michigan,

Defendant.

Case No. 2:10-cv-14360-DPH-MKM

Courtroom of Judge Denise Page Hood

Proof of class membership for all objectors

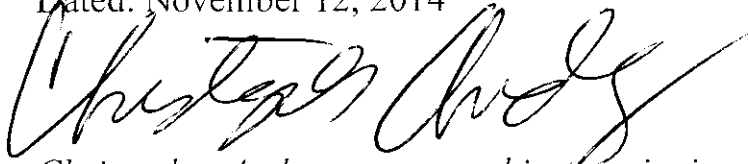
Fairness Hearing: November 12, 2014

Time: 2:00 pm

Attached please find proof of class membership for all objectors.

Case No. Case No. 2:10-cv-14360-DPH-MKM

Dated: November 12, 2014

A handwritten signature in black ink, appearing to read "Christopher Andrews", written in a cursive style.

Christopher Andrews, pro se objector, signing on behalf of all objectors to save time.

P.O. Box 530394

Livonia, MI 48152-0394 E-mail caalooa@gmail.com Phone 1-248-635-3810

A handwritten signature in black ink, appearing to read "Christopher Andrews", written in a cursive style.

Christopher Andrews

Christopher Andrews, pro se objector also is acting as representative for pro se objectors Cathy Waltz, Ron Waltz and Michael Andrews. We/I certify under penalty of perjury that the above and below information is true and accurate to the best of my/our knowledge, information and belief. All correspondence is to be mailed to Christopher Andrews Any emails, notices or docket filings filed with the court or phone calls as well should go to Christopher Andrews at the email and phone number listed above.

I/we hereby certify that on this day I/we hand delivered foregoing to the

Clerk of the Court, and served true and correct copies upon class counsel
and defendants' counsel via US Post Office first class at the addresses
below:

COHEN MILSTEIN SELLERS & TOLL PLLC 202-408-4600

Daniel A. Small

Brent W. Johnson

1100 New York Avenue, NW

Suite 500

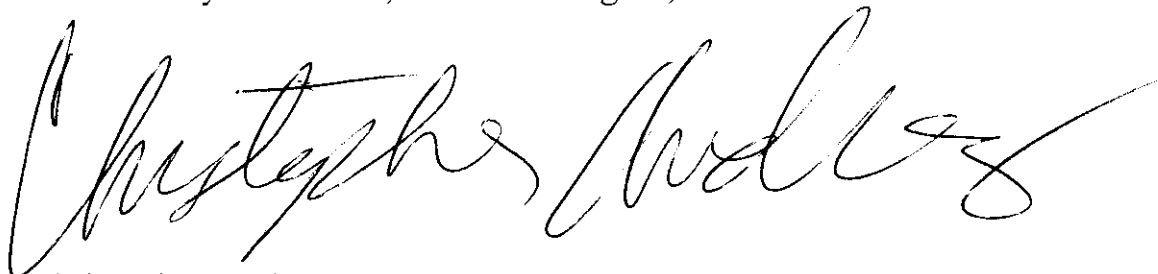
Washington, DC 20005

HUNTON & WILLIAMS LLP 202.955.1500

Todd M. Stenerson

D. Bruce Hoffman

2200 Pennsylvania Ave, NW Washington, DC 20037

A handwritten signature in black ink, appearing to read "Christopher Andrews". The signature is fluid and cursive, with a large initial "C" and a long, sweeping underline.

Christopher Andrews

*I/we certify under penalty of perjury that the above and below information is true
and accurate to the best of my/our knowledge, information, and belief .The Shane
Group etc. al v Blue Cross Blue Shield of Michigan Case No. 2:10-cv-14360-
DPH-MKM*

Crittenton Hospital
Itemized Statement of Charges
11-04-2014

Hospital Name	CRITTENTON HOSPITAL 1101 WEST UNIVERSITY DRIVE ROCHESTER, MI 483071831	Type Prov Code	Outpatient 0291
Acct Num	771409002	Fed ID	38-1359247
Patient Name	ANDREWS MICHAEL	Bill Date	06/30/2010
Stmnt From	06/26/2010	Birth Date	[REDACTED]
Last Name	ANDREWS	Stmnt Thru	06/26/2010
Sex	M	First Name	MICHAEL
Add1	[REDACTED]	Admit Date	06/26/2010
City	[REDACTED]	Add2	[REDACTED]
		State	MI
		Zip	[REDACTED]
Insurance 1	BLUE CROSS TRUST	Group 1	007000010
Contract 1	SYQ911454784	Service CD 1	9
Insured Last Name 1	ANDREWS	Insured First Name 1	MICHAEL
Insurance 2		Group 2	
Contract 2		Service CD 2	
Insured Last Name 2		Insured First Name 2	
Insurance 3		Group	
Contract 3		Service CD 3	
Insured Last Name 3		Insured First Name 3	
Princ Diag	84500	Princ Diag Desc	[REDACTED]
Diag 02	E9179	Admit Doc	[REDACTED]
Prin Proc Code		Prin Proc	
Employer Name 1		Employer Name 2	

Charges

Service Date	Charge Number	CPT Code	Description	Quantity	Amount
06/26/2010	03810003	450 99283 -	[REDACTED]	1	\$660.10
06/26/2010	04200319	320 73610 LT-	[REDACTED]	1	\$205.40

Adjustments

Post Date	Charge Number	Description	Quantity	Amount
08/10/2010	00010426	[REDACTED]	1	-\$570.23
09/13/2010	08000000	[REDACTED]	1	\$295.27
09/13/2010	08000000	[REDACTED]	1	-\$295.27
11/10/2010	00011206	[REDACTED]	1	-\$95.27

Payments

Post Date	Charge Number	Description	Quantity	Amount
07/08/2010	07000191	B/C NASCO PAYMENT(S)	1	\$0.00
11/05/2010	07000077	PATIENT PAYMENT(S)	1	-\$200.00

Remit to

Crittenton Hospital
1101 West University Drive
Rochester, MI 48307-1831

Make check payable to: Crittenton Hospital

Total Charges	\$865.50
Total Adjustments	-\$665.50
Total Payments	-\$200.00
Account Balance	\$0.00

EXPLANATION OF BENEFIT PAYMENTS

THIS IS NOT A BILL



Statement Date: 01/01/11

Your Customer Service Phone Number Is:
NATIONWIDE TOLL-FREE 1-800-432-9881

036092

WALTZ RONALD W

Send Written Inquiries to this Address:

BLUE CROSS BLUE SHIELD OF MICHIGAN
SECS - WRITTEN, MAIL CODE X300
600 E. LAFAYETTE BLVD.
DETROIT MI 48226-2999

Group Name: MIACG/HEALTHQUEST OF FARMING
Group Number: [REDACTED]
Subscriber Name: WALTZ RONALD W
Contract Number: [REDACTED]
Coverage: [REDACTED]

See your Health Care Benefits Certificate or
Benefits Guide for details on contract coverage.
For ASC groups, we don't assume any
financial risk or obligation with respect to claims.

Patient Name or Initial: CATHE *CATHY WALTZ*
Patient Birth Month/Year: [REDACTED]

Summary of Balances (See Detail on Services)

Name of Hospital, Physician or Provider	Total Provider Charges	(-) Less BCBSM Paid	(-) Less Participating Provider Savings	(-) Less Other Insurance Paid	(=) Equals Your Balance*
REGENTS OF THE	103.00	64.62	28.38	0.00	10.00
Totals:	\$ 103.00	\$ 64.62	\$ 28.38	\$ 0.00	\$ 10.00

*Note: The amount in the 'Equals Your Balance' column includes any copayments, deductibles, sanctions and non-covered charges.

Summary of Deductibles and Copayments

(These totals are based on our information to date and
may not reflect all outstanding claims.)

Totals for: FAMILY	01/01/10 to 12/31/10	Totals for: CATHE	01/01/10 to 12/31/10
Deductible required for year:	\$ 500.00	Deductible required for year:	\$ 250.00
Deductible applied year to date:	\$ 353.59	Deductible applied year to date:	\$ 250.00
The family deductible has not been met.			
The patient deductible has been met.			
<i>209.41</i>		<i>1132.80</i>	
<i>147.40</i>			
Totals for: FAMILY	01/01/10 to 12/31/10	Totals for: CATHE	01/01/10 to 12/31/10
Copayment required for year:	\$ 2,000.00	Copayment required for year:	\$ 1,000.00
Copayment applied year to date:	\$ 16.69	Copayment applied year to date:	\$ 16.69
The family copayment requirement has not been met.			
The patient copayment requirement has not been met.			

Helpful Information

Did you know that good oral health impacts your overall health? Gum disease can increase the severity of diseases like heart disease and diabetes. See your dentist for a healthier you!

EXPLANATION OF BENEFIT PAYMENTS

THIS IS NOT A BILL



Statement Date: 01/01/11

Helpful Information

Check your health IQ. Take BlueHealthConnection's free, online health assessment and learn a lot about your health. When you answer questions on your health status, lifestyle and medical history, you'll get a tailored action plan to help you reach your health goals. Visit bcbsm.com and log in to Member Secured Services to get started. And don't forget to visit bcbsm.com/xtras to access our Healthy Blue Xtras savings program. Some members may not have access to BlueHealthConnection or other online tools.

Detail on Services		Contract Number: 893164078	Patient: CATHE
Service Date (From/To):	12/08/10	Total Charge	\$ 103.00
Claim Received on:	12/14/10		
Provider Name:	REGENTS OF THE	Amount approved by BCBSM for this service	74.62
Provider Status:	PARTICIPATING	Minus copayment	10.00
Referring Provider:		BCBSM processed on 12/14/10 and paid provider ...	64.62
Service Type:		Savings because provider participates with BCBSM ...	+ 28.38
Procedure Code:		Total Covered	\$ 93.00
Claim Number:		Your Balance: (Highlighted Amounts)	\$ 10.00

EXPLANATION OF BENEFIT PAYMENTS

THIS IS NOT A BILL



Statement Date: 07/17/10

Your Customer Service Phone Number is:
NATIONWIDE TOLL-FREE 1-800-432-9881

WALTZ RONALD

Send Written Inquiries to this Address:

BLUE CROSS BLUE SHIELD OF MICHIGAN
SECS - WRITTEN, MAIL CODE X300
600 E. LAFAYETTE BLVD.
DETROIT MI 48226-2908

Group Name: MIACG/HEALTHQUEST OF FARMING
Group Number: [REDACTED]
Subscriber Name: WALTZ RONALD
Contract Number: [REDACTED]
Coverage: [REDACTED]

See your Health Care Benefits Certificate or
Benefits Guide for details on contract coverage.
For ASC groups, we don't assume any
financial risk or obligation with respect to claims.

Patient Name or Initial: [REDACTED]

Patient Birth Month/Year: [REDACTED]

Summary of Balances (See Detail on Services)

Name of Hospital, Physician or Provider	Total Provider Charges	(-) Less BCBSM Paid	(-) Less Participating Provider Savings	(-) Less Other Insurance Paid	(=) Equals Your Balance
REGENTS OF THE	148.00	105.35	32.65	0.00	10.00
Totals:	\$ 148.00	\$ 105.35	\$ 32.65	\$ 0.00	\$ 10.00

Note: The amount in the 'Equals Your Balance' column includes any copayments, deductibles, sanctions and non-covered charges.

Summary of Deductibles and Copayments (These totals are based on our information to date and may not reflect all outstanding claims.)

Totals for: FAMILY 01/01/10 to 12/31/10

Deductible required for year: \$ 500.00

Deductible applied year to date: \$ 205.79

The family deductible has not been met.

Helpful Information

Did you know that good oral health impacts your overall health? Gum disease can increase the severity of diseases like heart disease and diabetes. See your dentist for a healthier you!

When you carry a Blues card, you're part of our unique mission to create stronger, healthier communities by providing access to quality health care for everyone. And we encourage you to make healthy choices. Visit bcbsm.com/xtras for offers on healthy products and services. You'll find many from businesses in Michigan and around the U.S.

EXPLANATION OF BENEFIT PAYMENTS

THIS IS NOT A BILL



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Statement Date: 07/17/10

Detail on Services		Contract Number: 893164078	Patient: RONAL
Service Date (From/To):	06/25/10	Total Charge	\$ 148.00
Claim Received on:	07/01/10		
Provider Name:	REGENTS OF THE	Amount approved by BCBSM for this service	115.35
Provider Status:	PARTICIPATING	Minus copayment	10.00
Referring Provider:		BCBSM processed on 07/01/10 and paid provider	105.35
Service Type:		Savings because provider participates with BCBSM	32.65
Procedure:		Total Covered	\$ 138.00
Procedure Code:		Your Balance: (Highlighted Amounts)	\$ 10.00
Claim Number:			

Approved, SCAO

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF OAKLANDLETTERS OF AUTHORITY FOR
PERSONAL REPRESENTATIVE

FILED, 2010

Estate of Emily Byrne,

To:

Name and address

Cath[REDACTED] Waltz

Telephone no.

You have been appointed and qualified as personal representative(s) of the estate of Emily B. Byrne June 17, 2010.

You are authorized to perform all acts authorized by law unless exceptions are specified below.

☐ Your authority is limited in the following way:

- ☐ You have no authority over the estate's real estate or ownership interests in a business, solely that you accepted on your acceptance of appointment.
- ☐ Other restrictions or limitations are:

☒ The letters expire: NO EXPIRATION DATE

Date

June 17, 2010

Date

Judge: [Signature] (Formal proceedings) [Signature] (Informal proceedings)

SEE NOTICE OF DUTIES ON SECTIONS PAGE 11.

Attorney name (Type or print)

Deputy

Address

City, state, zip

Telephone no.

I certify that I have compared this copy with the original on file and that it is a true and correct copy of the original, and on this day the letters are in full force and effect.

Date

County of

Do not write below this line - For court use only.

JUDGE

CLERK OF PROBATE

**FIRST CODICIL
TO THE LAST WILL AND TESTAMENT OF
EILEEN R. GREENIA**

I, Eileen R. Greenia, of the City of ~~Ann Arbor~~, County of ~~Washtenaw~~, State of Michigan, made my Last Will and Testament on September 24, 1998. On April 15, 2005, I now make the following First Codicil to my Will:

ARTICLE SIXTH

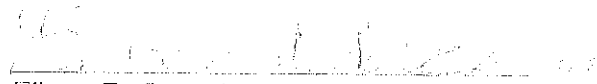
I delete Article Sixth, Section (a) and substitute in its place the following language:

"(a) **Personal Representative.** I hereby nominate and appoint my daughter, Cath~~leen~~ ~~Waltz~~, as Personal Representative of this, my Last Will and Testament. In the event ~~Waltz~~, Cath~~leen~~ ~~Waltz~~, is unable or unwilling to act in such capacity, then, and in that event, I hereby appoint ~~Waltz~~ to serve as Personal Representatives of my estate with all the powers as hereinabove stated. In the event none of the above mentioned individuals are able or willing to serve as Personal Representative, I hereby request that my oldest living beneficiaries select a financial institution qualified to do business in the State of Michigan to serve as Personal Representative of my estate, with all the powers as hereinabove stated.

I further request that my Personal Representative shall only be required to file a nominal bond."

In all other respects, I ratify and confirm my will dated September 24, 1998.

I, Eileen R. Greenia, the Testator, sign my name to this document on April 15, 2005. I swear that the statements in this document are true; declare that this document is a codicil to my Will; that I sign it willingly or willingly direct another to sign for me; that I execute it as my voluntary act for the purposes expressed in this Codicil; and that I am 18 years of age or older, of sound mind, and under no constraint or undue influence.


Eileen R. Greenia

We, John P. Hartwig and Jacqueline L. Garcher, the witnesses, sign our names to this document swear that all of the following statements are true: the individual signing this document as the Testator executes the document as a Codicil to his or her Will, signs it willingly or willingly directs another to sign for him or her, and executes it as his or her voluntary act for the purposes expressed in this codicil; each of us, in the Testator's presence, signs this Codicil as witness to the

2-21-14
ALL LEE
602/571-8544
for info to [unclear] to [unclear] [unclear]